



ISDH Hospital Service Report
State Form 49476 (R /7-02)
IC 16-21-6

Status: Finalized

I. Hospital Information

Hospital Name: INDIANA UNIVERSITY HEALTH WHITE MEMORIAL HOSPITAL

Provider #: 151312, 157514, 15Z312

City: Monticello

County: White

Year: 2012

Person Completing the Report: Deana Parker

Email Address: parkerd@iuhealth.org

LICENSURE, ACCREDITATION, OR DESIGNATED UNITS (check all that apply)

State Licensure: ☒ Acute License ☐ LTC Certification

Private Accreditation: ☐ JCAHO ☒ HFAP

CMS Specialized Hosp: ☒ CAH ☐ TLC ☐ Rehab

DRG Exempt: ☐ Psych ☐ Rehab ☒ Swing Bed

Number of Total Hospital Full Time Equivalents 199

II. Hospital Service Utilization

| Hospital Service Description | Number of Set-up Beds | Number of Discharges | Number of Patient Days | Annual Total Charges |
|------------------------------|-----------------------|----------------------|------------------------|----------------------|
| Burn Care | 0 | 0 | 0 | \$0 |
| Cardiac Intensive | 0 | 0 | 0 | \$0 |
| ICU Medical/Surgical | 1 | 32 | 164 | \$214,874 |
| ICU Neonatal | 0 | 0 | 0 | \$0 |
| ICU Pediatric | 0 | 0 | 0 | \$0 |
| Medical/Surgical | 21 | 706 | 2312 | \$6,580,904 |
| Neonatal Intermediate | 0 | 0 | 0 | \$0 |
| Normal Newborn | 1 | 152 | 356 | \$175,504 |
| Obstetrics | 2 | 154 | 403 | \$577,665 |
| Pediatric | 0 | 0 | 0 | \$0 |

| | | | | |
|--------------------|----|------|------|-------------|
| Psychiatric | 0 | 0 | 0 | \$0 |
| Rehabilitation | 0 | 0 | 0 | \$0 |
| Substance Abuse | 0 | 0 | 0 | \$0 |
| Swing Bed Program | NA | 107 | 1125 | \$1,108,945 |
| Extended Care | 0 | 0 | 0 | \$0 |
| Observation Beds | 0 | 0 | 0 | \$0 |
| All Other Services | 0 | 0 | 0 | NA |
| Total Acute | 25 | 1151 | 4360 | NA |

III. Nursing Facility Utilization

| | Number of Licensed Beds | Number of Discharges | Number of Patient Days |
|------------------|-------------------------|----------------------|------------------------|
| Nursing Facility | 0 | 0 | 0 |

IV. Number of Outpatient Encounters By Diagnostic Group

Please identify the number of outpatient encounters for your hospital by ICD-9-CM Diagnostic Categories

| Diagnostic Categories | Number of Encounters | Diagnostic Categories | Number of Encounters |
|-----------------------|----------------------|-----------------------|----------------------|
| Infectious Disease | 463 | HIV | 0 |
| Neoplasms | 1487 | Endocrine | 1391 |
| Diseases of Blood | 762 | Mental Disorders | 440 |
| Nervous | 1163 | Circulatory | 2595 |
| Respiratory | 2549 | Digestive Diseases | 1023 |
| Genitourinary | 1748 | Pregnancy | 814 |
| Skin | 861 | Musculoskeletal | 3165 |
| Congenital | 51 | Perinatal | 44 |
| All Injuries | 4151 | | |
| Other/Known | 13194 | Total Encounters | 35901 |

| Total ED Visits | ED Injury Visits | ED Injury Admissions |
|-----------------|------------------|----------------------|
| 14517 | 3996 | 97 |

Comments

